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**Employee Declaration – COVID-19 (coronavirus)**

# Personal details

First Name:

Last Name:

Male / Female Date of Birth: /\_ / Address:

Suburb: Postcode: Home Phone:

State: Mobile:

# Declaration

In response to the COVID-19 (coronavirus) situation, the Australian Government and New South Wales Government have implemented a number of criteria to assess whether people are at risk to themselves and others, and where any and/or a number of these criteria are relevant, they should self-isolate in accordance with the *Public Health (COVID-19 Quarantine) Order 2020,* under the *Public Health Act 2010*. Please tick the boxes below if relevant to your circumstances;

* I have arrived in Australia from overseas in the last 14 days,
* I am living with someone and/or have been in close contact with someone who has coronavirus,
* I am displaying symptoms of coronavirus;
  + fever
  + coughing
  + sore throat
  + fatigue
  + shortness of breath
* I have been diagnosed with coronavirus or awaiting the result of a coronavirus test.
* None of the above apply to my circumstances.

Where any of the above criteria are applicable, please provided details below;

The Commonwealth Government requires that those with who meet the above criteria self-isolate for 14 days. If applicable, have you completed your self-isolation for the required period?

* Yes
* No
* Not applicable

The Commonwealth and NSW Governments require temporary visa holders self-isolate for 14 days where they have moved from a metropolitan area to a region for the purposes of work (unless a negative COVID-19 test has been returned). If this situation is applicable, have you completed your self-isolation for the required period and completed the Department of [Primary Industry’s Visa Holder Declaration Form](https://www.dpi.nsw.gov.au/__data/assets/pdf_file/0003/1218990/COVID-visa-holder-declaration-form.pdf)?

* Yes
* No
* Not applicable

The Commonwealth Government has released a list of people most vulnerable to coronavirus who are advised to self-isolate, please tick any boxes below where relevant to your circumstances;

* I am over 70 years of age
* I am over 60 years of age with existing health conditions or comorbidities
* I am an Indigenous Australian over the age of 50 with existing health conditions or comorbidities.
* None of the above apply to my circumstances.

I declare that the information provided is true to the best of my knowledge and I understand that the deliberate disclosure of incorrect information may lead to my employer reporting me to NSW Police, where I may be fined up to $11,000 and face up to 6 months in prison in accordance with the *Public Health (COVID-19 Quarantine) Order 2020,* under the *Public Health Act 2010*.

Employee signature:

Employee name:

Date: